

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-019077

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2438

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED MAY 31 1962

VS 300
Rev. 4/59

3008

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9583X

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1267-a

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DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY CLAY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN GLADSTONE	
Length of stay in 1b 34 YRS.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. MARYS HOSP.		d. STREET ADDRESS (If outside, give location) 6312 No. Woodland	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last FRANK THEODORE PIRARO		4. DATE OF DEATH Month Day Year May- 3- 1962	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-4-94
9. AGE (last birthday) 68		10. BIRTHPLACE (City and state or country) U.S.A.	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		12. KIND OF BUSINESS OR INDUSTRY RAIL ROAD	
13a. FATHER'S NAME VINCENT PIRARO		13b. MOTHER'S MAIDEN NAME CONCETTA BRACATO	
14. NAME OF HUSBAND OR WIFE PEARL L. PIRARO		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	
16. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) HEPATIC FAILURE DUE TO (b) CHOLANGIOLITIC HEPATITIS DUE TO (c) CORONARY ARTERY DISEASE		17. INFORMANT PEARL L. PIRARO - 6312 No. Woodland	
18. CAUSE OF DEATH (Enter only one cause per line) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION KANSAS CITY, MO.	
20g. COUNTY		20h. STATE	
21. I attended the deceased from August, 1961 to 5-3-62 and last saw her alive on 5-2-62 Death occurred at 4:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.		22. SIGNATURE Joseph M. Masucci M.D. (Degree or title) 636 ARGYLE BLDG K.C. MO. 5-4-62	
23a. BIRTHPLACE (City and state or country) REMOVAL (Specify) BUREAU		23b. DATE MAY 5-1962	
23c. NAME OF CEMETERY OR CREMATORY RESSURRECTION		23d. LOCATION (City, town, or county) NASHUA, MO.	
23e. DATE RECD. BY LOCAL REG. 5-4-62		23f. REGISTRAR'S SIGNATURE Ruth Long	
24. FUNERAL DIRECTOR D.W. Newcomer's Sons-KANSAS CITY		25. DATE RECD. BY LOCAL REG. 5-4-62	
26. REGISTRAR'S SIGNATURE Ruth Long		27. DATE SIGNED 5-4-62	

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Marvin D. Preston

Licensed Embalmer No. 5040

P. O. Address K. C., Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.